

SOUTH CAROLINA STATE VEHICLE ACCIDENT PROCEDURES

1. Turn vehicle ignition off to prevent fire and evacuate vehicle.
2. Render first aid to any injured persons.
3. Call for medical assistance or ambulance if necessary.
4. Call local municipal or county police, or S.C. Highway Patrol.

If appropriate, call your agency's Public Safety Office.

All state vehicle accidents* must be investigated by law enforcement authorities.

5. Vandalism of a state vehicle also must be investigated by law enforcement officials.
6. Obtain data concerning other vehicle and driver, and complete accident report on the following page.
7. Give the other driver your name and the name and address of your agency.
Do not admit responsibility or liability for any accident.
8. Notify the Central Office Director-Procurement Services.
9. As soon as practicable, report accident to Southeastern Claims Service, Insurance Adjusters, PO Box 212128, Columbia, SC at 1-800-206-1913.

- * An "accident" is defined as the causing or incurring of damage or injury, whether or not the vehicle concerned is the moving unit.

ACCIDENT REPORT FORM

Complete the following information within two (2) days and forward to the Administrator-Services Support. Central Office employees will submit information to the Director-Procurement Services.

STATE VEHICLE INFORMATION:

1. Date of Accident: _____ Time of Accident: _____
2. Location of Accident: County: _____ City: _____
Street/Road/Hwy No.: _____
3. Vehicle Involved: _____ Driver Involved: _____

A. Your State Vehicle:

1. Region Name: _____
2. Year of Vehicle: _____ Make of Vehicle: _____
3. Your Name: _____
4. Your Driver's License No.: _____
5. Your Home Address: _____

B. Other Vehicle Information:

1. Year of Vehicle: _____ Make of Vehicle: _____
2. Vehicle License No.: _____
3. Driver's Name: _____
4. Driver's Address: _____
5. Driver's License No.: _____
6. Insurance Company Name: _____
7. Insurance Policy No.: _____

4. Was Accident Investigated By Police? ☐ Yes ☐ No
5. Name of Police Department: _____
6. Was a Driver Charged with a Violation ☐ Yes ☐ No
7. If so, list Drivers Name and Charges: _____
8. Was there Injuries? ☐ Yes ☐ No

List Names and Type of Injury: _____

9. In your own words give a narrative of what happened: Use other side if necessary.
